

**NEW HAMPSHIRE - REGION III
EMS TRAINING COMMITTEE**

PRACTICAL EXAM APPLICATION

COMPLETION OF THIS FORM "DOES NOT MEAN" YOU ARE REGISTERED FOR THE EXAMINATION. REGISTRATION MUST BE COMPLETED BY CONTACTING "REGION III SEACOAST EMS OFFICE AT 603-679-5814".

Name : _____ Date of Application: _____

Address: _____

City : _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Type of examination:

_____ EMT _____ First Responder
_____ Initial Exam Attempt _____ Retest

If retest specify station(s): _____ Station (1) _____ Station (2)

Failure of three or more stations constitutes failure of the practical exam and the participant will need to re-test all stations of the practical exam.

Date of Practical Exam: _____ Course Coordinator: _____

IMPORTANT – PLEASE READ

EXAM FEE MUST ACCOMPANY THE APPLICATION AND MUST BE RECEIVED 5 WORKING DAYS PRIOR TO THE EXAM OR THE STUDENT WILL NOT BE ELIGIBLE TO TEST. PAYMENT MUST BE CHECK OR MONEY ORDER NO CASH WILL BE ACCEPTED.

NO REFUNDS: WILL BE GIVEN IF THE NH REGION III EMS TRAINING OFFICE IS NOT NOTIFIED 48 HOURS PRIOR TO THE SCHEDULED EXAM DATE! CONTACT DICK COOPER AT 603-474-2373 OR 603-474-7550. EXAM FEE IS NOT TAX DEDUCTABLE.

The practical fee schedule is as follows:

EMT / 1st Responder: EMT Initial: \$ 40.00
First Responder Initial: \$ 25.00

RE-TESTS: EMT: \$ 10.00 (Up to two (2) stations)
EMT: \$ 40.00 Three (3) or more stations
First Responder: \$ 25.00 Three (3) or more stations
First Responder: \$ 10.00 (Up to two (2) stations)

Mail payment to:

NH Region III EMS Training Committee PO Box 645 Seabrook, NH 03874-0645